

CERTIFICATE OF OCCUPANCY CITY OF WAVELAND

	Occupancy Type: R-1 SFR Home
Expires: End of occupancy	Issued Date: 03-30-2018
	Building Address: 109 ADRIENNE CT City, State, Zip: WAVELAND, MS 39576
	Issued to: IVEY, BILL
	Certificate #:1718922
nts of the 2012 International Codes Council certifumpliance with the various ordinances of the City	This Certificate is issued pursuant to the requirements of the 2012 International Codes Council certify that at the time of issuance, this structure was in compliance with the various ordinances of the City Waveland regulating building construction or use.

Special Conditions: None

Building Official

Sprinkler System Required:NO

2018 3915
Recorded in the Above
Deed Book & Page
03-29-2018 03:36:22 PM
Timothy A Kellar

NONCONVERSION AGREEM智的 County with CITY OF WAVELAND, MISSISSIPPI

)	In the Ci WHERE flood ele	AS, the Owner is the record owner of all that real property located at 109 Advience C+. Ity of Waveland, MS, in the County of Hancock, designated in the Tax Records as 161C-0-02-117.000 AS, the Owner has applied for a permit to place a structure on that property that has an enclosed area below the base evation constructed in accordance with the requirements of Article No. 5, Section "B" paragraph 5 of Wavelands area with the requirements of Article No. 5, Section "B" paragraph 5 of Wavelands area with the requirements of Article No. 5, Section "B" paragraph 5 of Wavelands area with the requirements of Article No. 5, Section "B" paragraph 5 of Wavelands area with the requirements of Article No. 5, Section "B" paragraph 5 of Wavelands area with the requirements of Article No. 5, Section "B" paragraph 5 of Wavelands area with the requirements of Article No. 5, Section "B" paragraph 5 of Wavelands area with the requirements of Article No. 5, Section "B" paragraph 5 of Wavelands area with the requirements of Article No. 5, Section "B" paragraph 5 of Wavelands area with the requirements of Article No. 5, Section "B" paragraph 5 of Wavelands area with the requirements of Article No. 5, Section "B" paragraph 5 of Wavelands area with the requirements of Article No. 5, Section "B" paragraph 5 of Wavelands area with the requirements of Article No. 5, Section "B" paragraph 5 of Wavelands area with the requirements of Article No. 5, Section "B" paragraph 5 of Wavelands area with the requirements of Article No. 5, Section "B" paragraph 5 of Wavelands area with the requirements of Article No. 5, Section "B" paragraph 5 of Wavelands area with the requirements of Article No. 5, Section "B" paragraph 5 of Wavelands area with the requirements of Article No. 5, Section "B" paragraph 5 of Wavelands area with the requirements of Article No. 5, Section "B" paragraph 5 of Wavelands area with the requirements of Article No. 5, Section "B" paragraph 5 of Wavelands area with the requirements are with the requirements are with the requi
	condition	AS, the Owner agrees to record this DECLARATION and certifies and declares that the following overlants are and restrictions are placed on the affected property as a condition of granting the Permit, and affects rights and an one of the Owner and shall be binding on the Owner, his heirs, personal representatives, successors future owners that the following overlants are granted as a file of this instrument was file.
	UPON T	HE TERMS AND SUBJECT TO THE CONDITIONS, as follows: 03-29-2018 03:36:22 9# CONDITIONS, as follows: 03-29-2018 03:36:22 9# CONDITIONS
	1.	The structure or part thereof to which these conditions apply is: 2018 at Fages 3915 - 3915 Timothy A Kellar
	2.	At this site, the Base Flood Elevation is 19 + 1 feet above mean sea level, National Geodetic Vertical Datum.
	3.	Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited storage, or access to the building. All interior walls, ceilings and floors below the Base Flood Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or plumbing devices shall not be installed below the Base Flood Elevation.
	4.	The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with openings as shown on the Permit.
	5.	The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal action to correct any violation. Any alterations or changes from these conditions also may render the structure uninsurable or increase the cost for flood insurance.
	6.	A duly appointed representative of the City is authorized to enter the property for the purpose of inspecting the exterior and interior of the enclosed area to verify compliance with this Declaration. Such inspections will be conducted upon due notice to the Owner and no more frequently than once each year. More frequent inspections may be conducted if an annual inspection discovers a violation of the Permit.
	7.	Other conditions:
Personally authority in on this my jurisdik who acknowled	appeare n and for day ction, the owledged	In witness whereof the undersigned set their hands and seals this

This DECLARATION made this 29th day of March, 20 18, by Bill Ivey

(OWNER) having an address at 109 Advience C1.

*** Certified Copy Page ***

I, Timothy A Kellar, Chancery Clerk, do hereby certify that the foregoing is a FULL, TRUE and CORRECT copy of the Instruments(s) herewith set out as same appears of record in: Deed BOOK - 2018, AT PAGE - 3915 in said court.

Witness my hand and seal this 29 Day of March, 2018.

Timothy A Kellarummung

Chancery Clerk

Hancock County, MS

DC:

Printed: 03-29-2018 03:36:57 PM Optical file reference: DF4B.7E2

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION FOR INSURANCE COMPANY							RANCE COMPANY USE	
A1. Building Owner's Name IVEY #2017-396 Policy Number:								
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: 109 ADRIENNE COURT (Vacant Land)								
City State ZIP Code WAVELAND Mississippi 39576								
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 11, ADREINNE COURT S/D.								
A4. Building Use (e.g., Residen	tial, Non-Residential, A	Addition	, Accessor	y, etc.)	Residential		
A5. Latitude/Longi	tude: Lat. 30)-17-28.3	Long	39-21-58.9		Horizontal Datur	n: NAD 1	927 X NAD 1983
A6. Attach at least	2 photograph	ns of the building if the	Certific	ate is being	g used to	o obtain flood insur	ance.	
A7. Building Diagra	am Number	5						
A8. For a building	with a crawlsp	pace or enclosure(s):						
a) Square foo	tage of crawls	space or enclosure(s)		0	sq ft			a ^{li '} A
b) Number of	permanent flo	od openings in the cra	wlspac	e or enclos	ure(s) w	ithin 1.0 foot above	adjacent gr	ade 0
c) Total net ar	ea of flood op	enings in A8.b) 5	q in				= = = = = = = = = = = = = = = = = = = =
d) Engineered	flood opening	gs? ☐ Yes ☒ N	0					
A9. For a building v	vith an attach	ed garage:						
	a) Square footage of attached garage o sq ft							
		od openings in the att	and the second		in 1.0 fo	ot above adjacent o	rrade.	0
		N 17 40				or above adjacom.		
	c) Total net area of flood openings in A9.b o sq in							
a) Engineered	nood opening	gs? ☐ Yes ☒ N	0					
	SE	CTION B - FLOOD II	ISURA	NCE RAT	E MAP	(FIRM) INFORMA	TION	
B1. NFIP Communi WAVELAND 28526		ommunity Number		B2. Coun HANCOC	- Dec			B3. State Mississippi
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel ffective/ evised Date	2	B8. Flood Zone(s	(Zo	se Flood Elevation(s) ne AO, use Base od Depth)
28045C 0361	D	10/16/2009		/2009		AE	19	Ju Dopary
B10. Indicate the s	B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9:							
☐ FIS Profile ☒ FIRM ☐ Community Determined ☐ Other/Source:								
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 NAVD 1988 Other/Source:								
B12. Is the building	B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No							
Designation D	ate:		CBRS	□ ОРА				

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route	and Box No.	Policy Number:							
109 ADRIENNE COURT (Vacant Land)	Policy Number:								
CityStateZIP CoWAVELANDMississippi39576		Company NAIC Number							
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)									
C1. Building elevations are based on: 🗵 Construction Drawings* 🔲 Building Under Construction* 🔲 Finished Construction									
*A new Elevation Certificate will be required when construction of the building		2.2							
C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A, AR/AE, AR/A1–A30, AR/AH, AR/AO. Complete Items C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Benchmark Utilized: BH3289 Vertical Datum: NAVD 1988									
Indicate elevation datum used for the elevations in items a) through h) below.									
☐ NGVD 1929 ☒ NAVD 1988 ☐ Other/Source:									
Datum used for building elevations must be the same as that used for the BFE	E.	Check the measurement used.							
a) Top of bottom floor (including basement, crawlspace, or enclosure floor) _	20. 0	X feet meters							
b) Top of the next higher floor	N/A	X feet meters							
c) Bottom of the lowest horizontal structural member (V Zones only)	N/A	X feet meters							
d) Attached garage (top of slab)	N/A	X feet meters							
e) Lowest elevation of machinery or equipment servicing the building (Describe type of equipment and location in Comments)	20. 0	🗵 feet 🗌 meters							
f) Lowest adjacent (finished) grade next to building (LAG)	<u>14</u> . <u>5</u>	X feet meters							
g) Highest adjacent (finished) grade next to building (HAG)	14. 8	✓ feet ☐ meters							
h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	N/A	X feet meters							
SECTION D - SURVEYOR, ENGINEER, OR ARCH	ITECT CERTIFI	CATION							
This certification is to be signed and sealed by a land surveyor, engineer, or archite I certify that the information on this Certificate represents my best efforts to interpresent may be punishable by fine or imprisonment under 18 U.S. Code, Section	et the data availar	law to certify elevation information. ble. I understand that any false							
Were latitude and longitude in Section A provided by a licensed land surveyor?	⊠Yes □No	Check here if attachments.							
Certifier's Name License Number		SON P. CHILL							
JASON P. CHINICHE P.E. 19732 Title		MINION P. CHI							
PROJECT MANAGER		PRISEP PROFESS OF ENGINEER OF THE							
Company Name JAMES J. CHINICHE, PA, INC.		Place Seal							
Address		Here							
412 HWY. 90, SUITE 2		2 18							
•	ZIP Code 39520	MISSISSIPPIN							
	Telephone 228) 464-6755								
copy all pages of this Elevation Certificate and all attachments for (1) community official	ial, (2) insurance a	gent/company, and (3) building owner.							
Comments (including type of equipment and location, per C2(e), if applicable) NOTE: The description in A3. above is for information only & not to certify the build map in section B4. Recommend verification of (BFE) by local building official. The f Owner is responsible for coordinating this certificate with Contractor and/or Building Section C1 Construction Drawings: As of this date, no constructions plans have been manhole elevation 15.1 ft.	flood zone is dete g Official as need	rmined by graphic plotting only. ed. Waveland freeboard = 1 ft.							

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A – PROPERTY INFORMATION FOR INSU						FOR INSUF	RANCE COMPANY USE	
A1. Building Owne	A1. Building Owner's Name IVEY #2017-455 (#2017-396) Policy Number:							
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Company NAIC Number: 109 ADRIENNE COURT (Vacant Land)							IAIC Number:	
City WAVELAND	City State ZIP Code							
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 11, ADREINNE COURT S/D.								
A4. Building Use (e.g., Residen	tial, Non-Residential, A	Addition	, Accessory, etc.)	Residential			
A5. Latitude/Longi	tude: Lat. 30)-17-28.3	Long	39-21-58.9	Horizontal Datum	: NAD 1	1927 X NAD 1983	
A6. Attach at least	2 photograph	ns of the building if the	Certific	ate is being used to	o obtain flood insura	nce.		
A7. Building Diagra	am Number	5						
A8. For a building	with a crawls	pace or enclosure(s):						
a) Square foo	tage of crawls	space or enclosure(s)		0 sq ft				
b) Number of	permanent flo	ood openings in the cra	wlspac	e or enclosure(s) w	ithin 1.0 foot above	adjacent gr	ade0	
c) Total net ar	ea of flood op	enings in A8.b 0		sq in				
d) Engineered	flood opening	gs? Yes X No)					
A9. For a building v	vith an attach	ed garage:						
a) Square fool	age of attach	ed garage 0		sq ft				
	b) Number of permanent flood openings in the attached garage within 1.0 foot above adjacent grade 0							
		enings in A9.b						
9.5		gs? ☐ Yes ☒ N						
u) <u></u> gco.co	nada apaning	,	•					
	SE	CTION B - FLOOD IN	ISURA	NCE RATE MAP	(FIRM) INFORMA	TION		
B1. NFIP Communi WAVELAND 28520		ommunity Number		B2. County Name HANCOCK			B3. State Mississippi	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel ffective/ evised Date	B8. Flood Zone(s)	(Zo	se Flood Elevation(s) ne AO, use Base od Depth)	
28045C 0361	D	10/16/2009	Financial and	/2009	AE	19	оч Берип)	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: [FIS Profile X FIRM Community Determined Other/Source:								
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:								
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Tyes X No								
Designation Date:								

-								
SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)								
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IMPORTANT, In these second constitutions		n Continu A	LEGE INGLIBANCE COMPANY IN	0.5					
IMPORTANT: In these spaces, copy the corresponding Street Address (including Apt., Unit, Suite,	FOR INSURANCE COMPANY US	2E							
109 ADRIENNE COURT (Vacant Land)	and/or Bidg. No.) or P.C		Policy Number:						
City	State	ZIP Code	Company NAIC Number						
WAVELAND	Mississippi	39576	T DECLUDED.						
SECTION E – BUILDING FOR ZO	ONE AO AND ZONE A		T REQUIRED)						
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.									
E1. Provide elevation information for the following and check the appropriate boxes to show whether the elevation is above or below the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).									
Top of bottom floor (including basement, crawlspace, or enclosure) is Top of bottom floor (including basement)		X feet _ met	ters above or below the HA	G.					
 Top of bottom floor (including basement, crawlspace, or enclosure) is 	***************************************	X feet met	ters above or below the LAC	3.					
E2. For Building Diagrams 6–9 with permanent floo the next higher floor (elevation C2.b in the diagrams) of the building is	d openings provided in S	Section A Items 8 and/		3.					
E3. Attached garage (top of slab) is		X feet ☐ met							
E4. Top of platform of machinery and/or equipment servicing the building is	-	X feet met	ters above or below the HAC	Э.					
E5. Zone AO only: If no flood depth number is avail floodplain management ordinance? Yes	able, is the top of the bo	ttom floor elevated in a The local official mus	accordance with the community's st certify this information in Section G.						
SECTION F - PROPERTY O	WNER (OR OWNER'S	REPRESENTATIVE)	CERTIFICATION						
The property owner or owner's authorized represent community-issued BFE) or Zone AO must sign here	ative who completes Se The statements in Sec	ctions A, B, and E for A tions A, B, and E are c	Zone A (without a FEMA-issued or orrect to the best of my knowledge.						
Property Owner or Owner's Authorized Representati	ve's Name								
Address	City		State ZIP Code						
Signature	Date		Telephone						
Comments									
			Check here if attachments	5 .					

IMPORTANT: In these spaces, copy the corr	FOR INSURANCE COMPANY USE								
Building Street Address (including Apt., Unit, S 109 ADRIENNE COURT (Vacant Land)	x No. Policy Number:								
City WAVELAND	State ZIP Code Mississippi 39576	Company NAIC Number							
SECTION G - COMMUNITY INFORMATION (OPTIONAL)									
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.									
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)									
G2. A community official completed Sect or Zone AO.	ion E for a building located in Zone A (withou	t a FEMA-issued or community-issued BFE)							
G3. The following information (Items G4-	-G10) is provided for community floodplain m	anagement purposes.							
G4. Permit Number	G5. Date Permit Issued	G6. Date Certificate of Compliance/Occupancy Issued							
G7. This permit has been issued for:	New Construction ☐ Substantial Improve	ment							
G8. Elevation of as-built lowest floor (including of the building:	g basement)	feet meters Datum							
G9. BFE or (in Zone AO) depth of flooding at	the building site:	feet meters Datum							
G10. Community's design flood elevation:		feet meters Datum							
Local Official's Name	Title								
Community Name	Telephone								
Signature	Date								
Comments (including type of equipment and loa	cation, per C2(e), if applicable)								
		Check here if attachments.							

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, co	FOR INSURANCE COMPANY USE		
Building Street Address (including A 109 ADRIENNE COURT (Vacant L	Policy Number:		
City	State	ZIP Code	Company NAIC Number
WAVELAND	Mississippi	39576	

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption FRONT VIEW ONLY 11/14/2017

Photo Two

Photo Two

Photo Two Caption

U.S. DEPARTMENT OF HOMELAND SECURITY Federal Emergency Management Agency National Flood Insurance Program

OMB No. 1660-0008 Expiration Date: November 30, 2018

ELEVATION CERTIFICATE

Important: Follow the instructions on pages 1-9.

Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner.

SECTION A - PROPERTY INFORMATION						OR INSUF	RANCE COMPANY USE	
A1. Building Owner's Name							ber:	
IVEY								
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.							IAIC Number:	
109 ADRIENNE COURT (Vacant Land)								
City WAVELAND				State Mississippi		ZIP Code 89576		
A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.) LOT 11, ADREINNE COURT S/D.								
A4. Building Use (e.g., Resident	tial, Non-Residential, A	Addition	, Accessory, etc.)	Residential			
A5. Latitude/Longit	tude: Lat. <u>30</u>)-17-28.3	Long	89-21-58.9	Horizontal Datum:	☐ NAD 1	1927 X NAD 1983	
A6. Attach at least	2 photograph	ns of the building if the	Certific	cate is being used to	o obtain flood insurar	nce.		
A7. Building Diagra	am Number	5						
A8. For a building	with a crawlsr	pace or enclosure(s):						
a) Square foot	tage of crawls	space or enclosure(s)		0 sq ft				
b) Number of p	permanent flo	ood openings in the cra	wlspac	ce or enclosure(s) w	ithin 1.0 foot above a	adjacent gra	ade0	
c) Total net ar	ea of flood op	enings in A8.b 0	1 5	s <mark>q</mark> in				
d) Engineered	flood opening	gs? Yes 🗵 No	0					
A9. For a building v	vith an attach	ed garage:						
		ed garage 0		sa ft				
1		ood openings in the atta			ot above adiacent or	ade	0	
		enings in A9.b			o. 20070 aajaoo g.			
_	2007 W. 15000 500 415			- 34 111				
a) Engineered	tiood opening	gs? ☐ Yes ☒ N	0					
	SE	CTION B - FLOOD IN	1SURA	NCE RATE MAP	(FIRM) INFORMAT	ION		
B1. NFIP Communi WAVELAND 28526		ommunity Number		B2. County Name HANCOCK			B3. State Mississippi	
B4. Map/Panel Number	B5. Suffix	B6. FIRM Index Date	E	IRM Panel ffective/	B8. Flood Zone(s)	(Zo	se Flood Elevation(s) ne AO, use Base od Depth)	
28045C 0361	D	10/16/2009		evised Date 6/2009	AE	19	od Deptil)	
B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9: TIS Profile FIRM Community Determined Other/Source:								
B11. Indicate elevation datum used for BFE in Item B9: NGVD 1929 X NAVD 1988 Other/Source:								
B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? Yes No								
Designation D	ate:		BRS	☐ OPA				

OMB No. 1660-0008

Expiration Date: November 30, 2018 IMPORTANT: In these spaces, copy the corresponding information from Section A. FOR INSURANCE COMPANY USE Policy Number: Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 109 ADRIENNE COURT (Vacant Land) Company NAIC Number State ZIP Code City WAVELAND Mississippi 39576 SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED) X Finished Construction C1. Building elevations are based on: Construction Drawings* Building Under Construction* *A new Elevation Certificate will be required when construction of the building is complete. C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-h below according to the building diagram specified in Item A7. In Puerto Rico only, enter meters. Vertical Datum: NAVD 1988 Benchmark Utilized: BH3289 Indicate elevation datum used for the elevations in items a) through h) below. ☐ NGVD 1929 🔀 NAVD 1988 ☐ Other/Source: Datum used for building elevations must be the same as that used for the BFE. Check the measurement used. 20 5 a) Top of bottom floor (including basement, crawlspace, or enclosure floor) __ x feet meters 30 2 x feet b) Top of the next higher floor ☐ meters N/A c) Bottom of the lowest horizontal structural member (V Zones only) x feet meters N/A x feet meters d) Attached garage (top of slab) 20.3 e) Lowest elevation of machinery or equipment servicing the building x feet meters (Describe type of equipment and location in Comments) 14.5 x feet f) Lowest adjacent (finished) grade next to building (LAG) meters 14.8 X feet g) Highest adjacent (finished) grade next to building (HAG) meters N/A h) Lowest adjacent grade at lowest elevation of deck or stairs, including x feet meters structural support SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001. Were latitude and longitude in Section A provided by a licensed land surveyor?

☑ Yes ☐ No X Check here if attachments. License Number Certifier's Name JASON P. CHINICHE P.E. 19732 Title PROJECT MANAGER Company Name JAMES J. CHINICHE, PA, INC. Here 412 HWY. 90, SUITE 2 19732 City State ZIP Code BAY ST. LOUIS Mississippi 39520 MISSI Date Telephone Signature 02/25/2018 (228) 464-6755 Copy all pages of this Elevation Certificate and all attachments for (1) community official, (2) insurance agent/company, and (3) building owner. Comments (including type of equipment and location, per C2(e), if applicable) NOTE: The description in A3. above is for information only & not to certify the building location. The Base Flood Elevation (BFE) is per map in section B4. Recommend verification of (BFE) by local building official. The flood zone is determined by graphic plotting only. Owner is responsible for coordinating this certificate with Contractor and/or Building Official as needed. Waveland freeboard = 1 ft. Section C1 Construction Drawings: Section C2.a First floor C2.b Second Floor. Mechanical is air conditioning unit. TBM is paint spot on sewer manhole elevation 15.1 ft.

IMPORTANT: In these spaces, copy the corresponding information from Section A.	FOR INSURANCE COMPANY USE							
Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 109 ADRIENNE COURT (Vacant Land)	Policy Number:							
City State ZIP Code WAVELAND Mississippi 39576	Company NAIC Number							
SECTION E – BUILDING ELEVATION INFORMATION (SURVEY NOT FOR ZONE AO AND ZONE A (WITHOUT BFE)	REQUIRED)							
For Zones AO and A (without BFE), complete Items E1–E5. If the Certificate is intended to support a LOMA or LOMR-F request, complete Sections A, B, and C. For Items E1–E4, use natural grade, if available. Check the measurement used. In Puerto Rico only, enter meters.								
E1. Provide elevation information for the following and check the appropriate boxes to show whether the highest adjacent grade (HAG) and the lowest adjacent grade (LAG).a) Top of bottom floor (including basement,								
crawlspace, or enclosure) is								
E2. For Building Diagrams 6–9 with permanent flood openings provided in Section A Items 8 and/or 9 the next higher floor (elevation C2.b in	9 (see pages 1–2 of Instructions),							
the diagrams) of the building is								
E3. Attached garage (top of slab) is								
servicing the building is	cordance with the community's							
SECTION F - PROPERTY OWNER (OR OWNER'S REPRESENTATIVE) CE	RTIFICATION							
The property owner or owner's authorized representative who completes Sections A, B, and E for Zor community-issued BFE) or Zone AO must sign here. The statements in Sections A, B, and E are corre	ne A (without a FEMA-issued or							
Property Owner or Owner's Authorized Representative's Name								
Address City Sta	ate ZIP Code							
Signature Date Tele	lephone							
Comments								
	Check here if attachments.							

IMPORTANT: In these spaces, copy the corres	FOR INSURANCE COMPANY USE							
Building Street Address (including Apt., Unit, Suit 109 ADRIENNE COURT (Vacant Land)	Policy Number:							
City WAVELAND	State Mississippi	ZIP Code 39576	Company NAIC Number					
SECTION	G - COMMUNITY INFOR	RMATION (OPTIONAL)						
The local official who is authorized by law or ordinance to administer the community's floodplain management ordinance can complete Sections A, B, C (or E), and G of this Elevation Certificate. Complete the applicable item(s) and sign below. Check the measurement used in Items G8–G10. In Puerto Rico only, enter meters.								
G1. The information in Section C was taken from other documentation that has been signed and sealed by a licensed surveyor, engineer, or architect who is authorized by law to certify elevation information. (Indicate the source and date of the elevation data in the Comments area below.)								
G2. A community official completed Section or Zone AO.	n E for a building located in	n Zone A (without a FEN	IA-issued or community-issued BFE)					
G3. The following information (Items G4–G	10) is provided for commu	nity floodplain managen	nent purposes.					
G4. Permit Number	G5. Date Permit Issued		Date Certificate of Compliance/Occupancy Issued					
G7. This permit has been issued for:	New Construction Sub	stantial Improvement						
G8. Elevation of as-built lowest floor (including both of the building:	pasement)	fee	t meters Datum					
G9. BFE or (in Zone AO) depth of flooding at the	e building site:	fee	t meters Datum					
G10. Community's design flood elevation:	e company	fee	t meters Datum					
Local Official's Name	Title	e ·						
Community Name	Tel	ephone						
Signature	Dat	е						
Comments (including type of equipment and locat	tion, per C2(e), if applicabl	e)						
			☐ Check here if attachments.					

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

See Instructions for Item A6.

OMB No. 1660-0008

Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE Policy Number:
Building Street Address (including Ap 109 ADRIENNE COURT (Vacant La			
City WAVELAND	State Mississippi	ZIP Code 39576	Company NAIC Number

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



Photo One

Photo One Caption Front



Photo Two

Photo Two Caption Mech

BUILDING PHOTOGRAPHS

ELEVATION CERTIFICATE

Continuation Page

OMB No. 1660-0008 Expiration Date: November 30, 2018

IMPORTANT: In these spaces, copy the corresponding information from Section A.			FOR INSURANCE COMPANY USE Policy Number:
Building Street Address (including Apt 109 ADRIENNE COURT (Vacant Land			
City WAVELAND	State Mississippi	ZIP Code 39576	Company NAIC Number

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.



Photo One Caption Rear

Photo Two

Photo Two

Photo Two Caption